

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 37276  
 Registrar's No. 4935

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Lynn</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Mound City</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>X 10</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vineyard Park Hosp. 10</u>		d. STREET ADDRESS (If rural, give location)	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Robert B. Gibbons</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 19 1949</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married 1</u>	<b>8. DATE OF BIRTH</b> <u>Dec. 5 1873</u>
<b>9. AGE</b> (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Self</u>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>No Record 9</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>US.</u>	
<b>13a. FATHER'S NAME</b> <u>Robert Burns Gibbons</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Josephine Blackburn</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Georgia Gibbons</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Georgia Gibbons Mound City, Kans</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Regurgitation</u> DUE TO (c) <u>Arteriosclerosis</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>None</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>H10K</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>Nov 16, 1949</u> , to <u>Nov 18, 1949</u> , that I last saw the deceased alive on <u>Nov 14, 1949</u> , and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>J.G. Sheldon</u>		<b>23b. ADDRESS</b> <u>922 Walnut TEC 400</u>	
<b>23c. DATE SIGNED</b> <u>11-21-49</u>		<b>23d. NAME OF CEMETERY OR CREMATORY</b> <u>Mound City, Kansas</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>		<b>24b. DATE</b> <u>Nov. 19, 49</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b>		<b>24d. LOCATION</b> (City, town, or county) (State)	
<b>DATE REC'D BY LOCAL REG.</b> <u>11-21-49</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Seraldine Holmes</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Gates Funeral Home</u>		<b>ADDRESS</b> <u>K. C. Kans.</u>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Jimmy S. Dupak*

Licensed Embalmer No. *4092*

P. O. Address *Mission, Texas*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.